	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate sche for each category Detailed Summary	of the	FOR LINE NUMBER: PAGE 411 OF 512 (check only one)    X   17
	y information copied from such Reports and Statements for commercial purposes, other than using the name and			person for the purpose of soliciting contributions
$\rangle$	NAME OF COMMITTEE (In Full) Friends of Lois Capps			
Α.	Full Name (Last, First, Middle Initial)  DEMOCRATIC CONGRESSIONAL CA  Mailing Address 430 S Capitol St SE Fl 2  City State Washington DC  Purpose of Disbursement catering  Candidate Name  Office Sought: House Senate Primar President Other	Zip Code 20003-4024 or: 2012	Category/ Type	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	State: District:  Full Name (Last, First, Middle Initial)  DEMOCRATIC CONGRESSIONAL CA  Mailing Address 430 S Capitol St SE  Fl 2  City State  Washington DC  Purpose of Disbursement Event Expenses		MITTEE	Date of Disbursement  M M M / D D / Y Y Y Y  O8 01 2012  Amount of Each Disbursement this Period  38.57  Transaction ID: D450765
	Candidate Name  Office Sought: House Senate Primar President  State: District:		Category/ Type	* In-Kind Received
Э.	Full Name (Last, First, Middle Initial)  DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE  Mailing Address 430 S Capitol St SE FI 2			Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City State Washington DC  Purpose of Disbursement media services  Candidate Name  Office Sought: House Senate Disbursement Friman		Category/ Type	Amount of Each Disbursement this Period  1250.00  Transaction ID : D456525  * In-Kind Received
	State: District:	(-12-2)		
SUBTOTAL of Disbursements This Page (optional)				

TOTAL This Period (last page this line number only).....